

AEROBIC WINTER CHALLENGE

Team Monthly Report



Team Name:	Team Activity: Y <input type="checkbox"/> N <input type="checkbox"/> # participated:
Worksite:	Activity Completed:

TEAM NAME AND MEMBERS CANNOT CHANGE AFTER OCTOBER 26th

- ❖ Place **(Y)** for the participant if they were physically active for 14 days out of the month, for at least 30 minutes per day. Place **(N)** for the participant if they were not physically active for the required number of days. Place **(Excused)** if the participant was sick, ill or injured and did not meet their goal.

	Team Members (TL = Team Leader)	NOV Y, N or Excused	DEC Y, N or Excused	JAN Y, N or Excused	FEB Y, N or Excused
TL:					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Team Monthly Reports are **due to the Coconino County Public Health Services District** by these dates:
December 6th, January 7th, February 7th & March 7th.

You may fax to 928.679.7206 or you may e-mail reports to tkerr@coconino.az.gov